

5615

Calculating Patient Payments



What You Will Learn

→ Calculating Patient Payment

- Veterans' (VA) benefits
- Medicare Part B / Buy-in deductions
- Calculating Medicare co-pay days

→ Tips and Best Practices

- Form
- Communication

→ When to site specific rules



What is the 5615 ?

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
STATUS OF NURSING FACILITY CARE

I. CLIENT INFORMATION:

Client:

Last Name First Name MI County State ID

CBMS H.H. No. Cat Client D.O.B. Gender Date of Medicaid Application Patient Level-of-care

Client's Own S.S. Number S. S. Claim Number/Suffix R. R. Claim Number V. A. Claim Number

II. Monthly Income Adjustment

Needs
Maintenance Fees

RR Income Taxes
VA Community Spouses Allowance
Interest Dependent Care Allowance
Other Home Maintenance Allowance
Total Income Other Income/Allowance
Total Deduction

☐ Check * Note: Medicare Part B Premium
If Client has deductible for the 1st and 2nd month, Medicare
Health Insurance Plan continues if applicable.

LTC Insurance payment \$
Patient Payment \$
* If patient payment is -0-, give reasons:
Admit Month \$
First Full Month \$
2nd Month \$

D. Change in Patient Payment
Month \$
Month \$

IV. We Request Medical Authorization for Medicaid Nursing Facility Care for the Above Patient:

☐ Original Admission Date ☐ or original date hospitalized
Admitted to Medicaid Discharged 20

From: Home ☐ Medicare ☐
Hospital ☐ Hosp Name

Readmitted to Medicaid 20
From: Home ☐ Medicare ☐ NF ☐ LOA ☐ YTD Tot

Hospital ☐ Name
Other ☐ Specify

Admitted to Medicare 20
From No. of Days

To: home ☐ Address
Days in hospital # Days in NF
Medicare ☐ NF ☐ LOA ☐ YTD Total
Other ☐ Specify

Died
Place of Death

Signature of Authorized NF Representative

Long Term Care
Facilities

Eligibility Sites

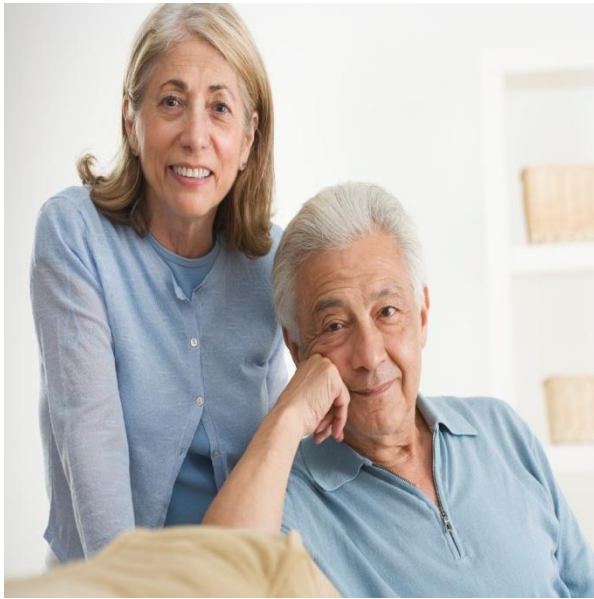
• Nursing Facilities

• Skilled Nursing

• Hospital Back Up

• ICF/IID

Patient Payments



Other Insurance

Section I & II

Client/Facility Information

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING					
STATUS OF NURSING FACILITY CARE					
I. CLIENT INFORMATION:					
Client:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name	First Name	MI	County	State ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CBMS	H.H. No.	Cat	Client D.O.B.	Gender	Date of Medicaid Application
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client's Own S.S. Number	S. S. Claim Number/Suffix		R. R. Claim Number		V. A. Claim Number
Name and Address of Responsible Party				Relationship	
<input type="text"/>				<input type="text"/>	
II: Facility Information:				Provider Number: <input type="text"/>	
Nursing Facility: <input type="text"/>				Phone Number: <input type="text"/>	
Address: <input type="text"/>				Medicaid Per Diem Rate \$ <input type="text"/>	

- Original Copy ☐
- Corrected Copy ☐
- County Transfer Copy ☐
- Change Pt. Pmt. Copy ☐
- Final Discharge Copy ☐



Section III

Calculating Patient Payment

III: Financial Arrangement:

A. Patient Income

Payment Calculations

Soc. Sec.	
SSI	
RR	
VA	
Interest	
Other	
Total Income	

☐ Check
If Client has
Health Insurance

B. Monthly Income Adjustments

Personal Needs	
Trustee/Maintenance Fees	
Income Taxes	
Community Spouses Allowance	
Dependent Care Allowance	
Home Maintenance Allowance	
Other * (See Note Below)	
Total Deductions	

* Note: Medicare Part B Premium deductible for the 1st and 2nd month, Medicare Part D continuous, if applicable.

C. Patient

Total Income	\$	
Total Deductions	\$	
LTC Insurance payment	\$	
Patient Payment	\$	
* If patient payment is -0-, give reasons:		
Admit Month	\$	
First Full Month	\$	
2 nd Month	\$	

D. Change in Patient Payment

Month		\$	
Month		\$	

Scenario – Part A

Patient Income



→ **Margaret** is 82 and is entering a long-term care facility with the following income:

- Social Security Income:
 - Gross = \$850
 - Net = \$720.10

Section III

Patient Income

- Use **gross** income totals
- **All** income must be reported
- **Always** report SSI income
- Other Health Insurance
 - If other total is used, causes
 - Client/LTC Facility recoveries
 - Less Personal Funds for client

III: Financial Arrangement:

A. Patient Income

Payment Calculations

Soc. Sec.	850
SSI	
RR	
VA	
Interest	
Other	
Total Income	850

☐ Check
If Client has
Health Insurance



Scenario – Part B

Adjustments

- Margaret is **not** a veteran or a widow of a veteran
- Her Medicare Part B premium = **\$99.90**
- Her Medicare Part D premium = **\$30.00**
- No additional fees or allowances



Section III

Monthly Income Adjustments

- **Personal Needs**
 - Non-Service related disability benefits
- **Don't deduct Medicare Part B if client is on Medicare Buy-In**
- **Call Sharon Brydon to notify and fix issue**

B. Monthly Income Adjustment

Personal Needs	50
Trustee/Maintenance Fees	
Income Taxes	
Community Spouses Allowance	
Dependent Care Allowance Part B	99.90
Home Maintenance Allowance Part D	30.00
Other * (See Note Below)	
Total Deductions	179.90

* Note: Medicare Part B Premium deductible for the 1st and 2nd month, Medicare Part D continuous, if applicable.



Scenario – Part C

Patient Payment

- Margaret is entering LTC facility from home on the 27th of the month
- She does not have long-term care insurance
- Based on her first 3 months of eligibility, calculate her payments



Section III

Patient Payment

- Long-Term Care Insurance
- Verify home expenses
- If zero, give reasons
- Changes in Patient Payment
 - Use comment section
 - What did you change or expect to happen later
 - Note change in top right checkbox

C. Patient		
Total Income	\$	850
Total Deductions	\$	179.90
LTC Insurance payment	\$	
Patient Payment	\$	670.10
* If patient payment is -0-, give reasons:		
Money used in community		
Admit Month	\$	0
First Full Month	\$	670.10
2 nd Month	\$	770
D. Change in Patient Payment		
Month		\$
Month		\$

Section III

Patient Income

- Best Practices
 - Eligibility site sends notification to Social Security that client is in LTC facility
 - SSA form 3911 U4
- Rules
 - Reduction of Patient Payment
 - 8.100.7.V.4.d and 8.482.34.D.3



Revisit



SSI Only Scenario



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- Randall entered LTC facility from home on June 26th
- He receives \$698 a month from SSI
 - No additional fees or allowances
- What will his patient payment be?

SSI Only Scenario

- What did you need to take into consideration?
- What deductions did you make?
- Would Randall have a payment in the Admit month?
 - First full month?
 - Second month?
- SSI benefits received by a person who is institutionalized is not considered when calculating patient payment - rule 8.100.7.V.4.d



SSI Only Scenario

III: Financial Arrangement:

A. Patient Income

Payment Calculations

Soc. Sec.	
SSI	698
RR	
VA	
Interest	
Other	
Total Income	698

☐ Check
If Client has
Health Insurance

B. Monthly Income Adjustments

Personal Needs	50
Trustee/Maintenance Fees	
Income Taxes	
Community Spouses Allowance	
Dependent Care Allowance	
Home Maintenance Allowance	
Other * (See Note Below)	
Total Deductions	50

* Note: Medicare Part B Premium deductible for the 1st and 2nd month, Medicare Part D continuous, if applicable.

C. Patient

Total Income	\$	698
Total Deductions	\$	50
LTC Insurance payment	\$	
Patient Payment	\$	0
* If patient payment is -0-, give reasons:		
SSI income only		
Admit Month	\$	0
First Full Month	\$	0
2 nd Month	\$	0

D. Change in Patient Payment

Month		\$	
Month		\$	

Section IV

Medical Authorization

- Completed by LTC Facility
- Admit to Medicaid Date
 - Date LTC Facility expects Medicaid to begin paying
 - If blank, Counties must contact LTC Facility
- Why do we need it?
 - Avoid duplicate billing
 - Avoid audit recoveries
- Best Practices handout



Sections V & VI

- County Transfer
- County Transfer (Eligibility Status)
 - Working on name change
 - **Check mark approve, discontinued, denied**
 - **Effective date**
 - Utilize comments section



Medicare Days

- Client can only enter LTC facility under Medicare if
 - Client comes directly from hospital where they had a minimum 3 consecutive night stay
 - Functional level of care met – skilled nursing
- Medicare pays entirely for first 20 days of LTC facility care
- Day 21 client is responsible for daily co-pay through the 100th day



Medicare Days Scenario

- Medicare client admitted to LTC facility on 3/5/12 from hospital after 3 night stay
- Income: Social Security = \$1,423.00
- Personal Needs = \$50
- Medicare Part B = \$99.90
- Medicare Co-Pay = \$148/day
- Client moves from skilled nursing to custodial care on 5/5/12



Medicare Days Scenario

- What is patient payment?
 - $1423.00 - 50 - 99.90 = \$1273.10$
- What is patient payment for March?
 - March 5-24 = 100% covered by Medicare
 - March 25-31 (7 days) $7 \times 148 = \$1,036$
- April?
 - \$1,273.10 (Buy-In hasn't happened yet)
- May?
 - \$1,373 (Buy-In happened)



Medicare Days Scenario

- Client moves from skilled care to custodial care on May 5th
- Medicare does not pay for custodial care
 - Medicare co-pays for May 1-5 = $5 \times 148 = \$740$
 - Facility per diem May 6-31 = $26 \times 176.10 = \$4,578.60$
 - Patient Payment = \$1,373.00
- What do they owe for May?
 - Patient Payment = $1373.00 - 722.50 = \textbf{\$650.50}$
 - \$650.50 reported Medicaid claim



Medicare Days Scenario with QMB

- **QMB** eligible client admitted to LTC facility on 3/5/12 from hospital after 3 night stay
- Income: Social Security = **\$854.00**
- Personal Needs = \$50
- Medicare Part B = \$99.90
- Medicare Co-Pay = \$148/day
- Client moves from skilled nursing to custodial care on 5/5/12



Medicare Days Scenario with QMB

- What is patient payment?
 - $854 - 50 = \$804.10$
- What is co-payment for March?
 - March 25-31 (7 days) $7 \times 148 = \$1,036$
 - Zero patient payment because of QMB
- April? May?
 - \$0



Medicare Days Scenario with QMB

- QMB Client moves from skilled care to custodial care on May 5th
 - Medicare co-pays for May 1-5 = Medicaid pays
 - Facility per diem May 6-31 = $176.10 \times 26 = \$4,578.60$
 - Patient Payment = \$804.00
- What do they owe for May?
 - Patient Payment = **\$804.00**
 - \$804.00 reported Medicaid claim



Best Practices

- Importance of Admit to Medicaid Date
- How to obtain needed information
- Contact Sharon Brydon for help with Medicare Buy-In
- Calculating Buy-In correctly
- Using comments section and checkbox
 - Record what changes you have made or expect



Revisit



Resources

Colorado.gov/hcpf

Providers/Long-Term Services and Supports/ LTSS Training



Clients & Applicants	Providers	Partners & Researchers	Boards & Committees	About Us	Secured Site	MA/PE Portal
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[Home](#) > [Providers](#) > [Long-Term Services and Supports](#) > [Long-Term Services and Supports Training](#) >

Text  

Long-Term Services and Supports Training

Provider Services

Colorado Indigent Care Program (CICP)

Essential Community Providers

Hospitals

Long-Term Services and Supports

Long-Term Services and Supports Training

5615 Form

Dear Administrator Letters (DAL)

Long-Term Services and Supports Projects

Case Manager Topics

[5615 - 2012 SSTABS Presentation](#)

Nursing Facility Topics

[5615 Overview](#) - presented to Nursing Facilities Advisory Council Dec 2012

[5615 and the Medicare Part B Premium](#) - presented to Nursing Facilities Advisory Council Jan 2013

General Topics

[HCBS Rates Presentation](#) - presented to Waiver Steering Committee Feb 2013

[Home Modification Presentation](#) - presented to [NAHRO](#) conference May 2013

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